Commonwealth of Virginia
Long Term Care Insurance

This form shall be used by local employers to implement long-term care coverage under The Local Choice Health Benefits Program sponsored by the Commonwealth of Virginia.

Date: _____

I. TO BE COMPLETED BY ALL TLC HEALTH BENEFITS PROGRAM GROUPS

As a participating group in The Local Choice Health Benefits Program, we will participate in the TLC Long Term Care contract. (Please complete this application and return it to TLC.)

We will not participate in the TLC Long Term Care contract. (Please sign this form and return it to TLC.)

II. GENERAL INFORMATION

1. Full name of local employer
_____
_____

Type of group *(check both if applicable)*

¶ Local government ¶ School district ¶ Other (Please indicate):
_____

2. Street Address _____
Mailing Address / P.O. Box
_____

City _____ Zip Code _____

3. Plan administration executive correspondent *(This person will receive contractual information.)*
Name _____
Title _____
Telephone Number_____
Fax Number _____
E-Mail Address _____
Address *(if different from above)*
_____
_____

4. Plan administration routine correspondent
Name _____
Title _____
Telephone Number _____
Fax Number _____
E-Mail Address _____
Address *(if different from above)*
_____
_____

II. ELIGIBILITY REQUIREMENTS
Please specify whether your criteria for active employee coverage for long term care differs in any way from the eligibility criteria for your healthcare program.

_____

_____

_____

_____

_____

_____

_____

TOTAL ELIGIBLES _____

Active Full-time Employees _____
Active Part-time Employees (if applicable) _____

Retirees _____

III. CERTIFICATION
I certify that the information supplied by me on this form is accurate to the best of my knowledge.
Prepared by _____
Signature

_____
Print Name

_____
Title

_____
Telephone Number *Fax Number*

_____
E-Mail Address

Forward completed form to:
The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219